## Candidate and Political Committees' REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name Full Address Secretary of State E-mail Office Sought SENATO Check here if above is different from previous report TYPE OF REPORT January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009)......All Candidates and **Political Committees** Termination Report (Candidate will no longer accept contributions or make campaign Required to terminate reporting obligations expenditures and has no outstanding campaign debt obligation) **IMPORTANT** (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period. (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii). The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable. REPORTED CONTRIBUTIONS AND DISBURSEMENTS Calendar (itemized + non-itemized) This Period year-to-date Total amount of contributions Total amount of disbursements A Total amount of cash on hand I certify that I have exemined this report and to the best of my knowledge and belief it is true, accurate, and complete. Signature of Candidate Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements. Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972). SEND TO: 1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819. 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee JERRY Charles	Page	 _ of	<i>r</i>
Reporting period JAN 01, 2009 through Dec 31, 2	2009		
ÍTEMIZED RECEI	PTS		

A. Source: Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Adexice America	87102109	\$ 500.00
Mailing Address 135 N Church 5	£ _!_!_	\$
City, State, Zip Code	29306 -'-'-	\$
Name of Employer (Required)	_1_1_	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
B. Source: Corporation   PAC   Individual   L	oan Date (Mo., Day, Year)	Amount of each receipt this period
Ell name Cheupon	10102109	\$ 500.0
Mailing Address P.O. Box 1300		\$
City, State, Zip Code PAS CAZOULA NUS 3	9568!!_	\$
Name of Employer (Required)		s
Occupation (Required)	Aggregate year-to-date	\$ 500.00
C. Source: Corporation DPAC DIndividual Dec		Amount of each receipt this period
FULL PAINMENT SOFT	WARE ASSN 101/2109	\$ 2500.00
Mailing Address		\$
Oity, State, Zip Code  OHCK San, MS		s
Name of Employer (Required)	11	\$
Occupation (Required)	Aggregate year-to-date	\$50000
D. Source: A Corporation		Amount of each receipt this period
BAXTER HEALTHCARE	10112109	59500.00
Mailing Address  PINE BAXKEN PARKUNG	.  _'_'_	\$
City, State, Zip Code  Deen Field II 600	75 _1_1_	\$
lame of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 5000

Page 2	of <u>4</u>
Name of Candidate or Committee TEMPLC Sunt—  Reporting period TAN 01, 2009 through Nec 31, 2009	
ITEMIZED RECEIP S	t of each

. Source: XCorporation □ PAC □ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	10/23/09 5	500,00
mame Merck	77	
Mailing Address Post OFFice Box 1000		s
City, State, Zip Code North WHES, PA 19454		\$
Name of Employer (Required)	Aggregate	5-10(0)
Occupation (Required)	year-to-date	50000
B. Source:   Corporation PAC   Individual   Loan	Date (Mo., Day, Year)	Amount of each receipt this period
☐ Other (please specify)	10126109	\$ \$500,00
Full name ATT PAC	1 1	\$
Mailing Address 175 F CAP, tol St		\$
City, State, Zip Code JACIL SON, MS 39201		\$
Name of Employer (Required)  Occupation (Required)	Aggregate year-to-date	\$500,00
C. Source: Corporation X PAC C Individual C Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name  ACRE Action Committee For Runal L	Flatelle 11,03,09	\$ 500,00
Mailing Address DO BOY 3300		\$
PUDIA	0 -1-1-	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate vear-to-date	\$ 500.00
D. Source: Corporation   PAC   Individual   Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	11.23.00	15 500.00
ASTRA LENCEA		\$
City, State, Zip Code New Onleans, WA 701	118 _1_1_	. \$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500,00

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Name of Candidate or Committee	Nen 31 20	19	
Reporting period JAN 01, 2001 thre	DRECEIP	TS	
A. Soulce.	_pan	Date (Mo., Day, Year)	Amount of each receipt this period
□ Other (please specify)		12102109	\$ 500.00
Mailing Address 333 N. Point	CONER E		\$
City, State, Zip Code Alphanetta	4 30022		\$
Name of Employer (Required)		_'_'_	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. Source: Corporation   PAC   Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Koch Compan	es GA PACIFIC	12,16,09	\$4500.00
Mailing Address 600 14 th St	-6		\$
City, State, Zip Code WAShing for D	C 20005		S
Name of Employer (Required)		11	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: Corporation PAC Individual  Other (please specify) ASSN	□ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	CARE	12119109	\$ \$300.00
Mailing Address		_'_'_	S
City, State, Zip Code TACKSON, JUS			\$
Name of Employer (Required)			s
Occupation (Required)		Aggregate year-to-date	\$ 300.00
D. Source: Corporation PAC   Individual	☐ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name UIDA DAA		12122109	\$ 9500 a
Mailing Address	79		\$
City, State, Zip Code	MS 39502		s
Name of Employer (Required)	7,75		s
Occupation (Required)		Aggregate year-to-date	\$ 500 a

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Whate or Committee JERRY C/Suri	10N 2019
as of Candidate of Control	3/ 000/
porting period SAN 011200 RECE	P"S
ource: Corporation CIPAC Clindividual CLoan	(Mo., Day, Year) this period
Other (please specify)	12 29 09 500.00
name NOVARTIS	
lling Address 172 Peppertree UL	
y, State, Zip Code Kings Port TN 37664	\$
ame of Employer (Required)	Aggregate \$ 500 00
ccupation (Required)  Source:  Corporation  PAC  Individual  Loan	Date Amount of each receipt this period
Source: Corporation Corporatio	\$
uli name	s
Mailing Address	
City, State, ZIp Code	
Name of Employer (Required)	Aggregate \$
Occupation (Required)	year-to-date Amount of each
C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan	Date receipt (Mo., Day, Year) this period
☐ Other (please specify)	\$
Full name	
Malling Address	
City, State, Zip Code	
Name of Employer (Required)	Aggregate \$
Occupation (Required)	year-to-date Amount of each
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan	(Mo., Day, Year) receipt this period
Other (please specify)	, , , , , ,
Full name	, , , s
Mailing Address	
City, State, Zip Code	/ / \$

Name of Employer (Required)

Occupation (Required)

Aggregate year-to-date \$

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Page	 _ "-			

Name of Candidate or Committee JERRY C British
Reporting period JAN 01 2009 through Dec 31 2009

## ITEMIZED DISBURSEMENTS

Full name Brad Wellers	Date (Mo., Day, Year)	Amount of each disbursement this period
alling Address FAIQVIEW ST	01,10,09	\$ 1200.00
TACKSON MS	//	S
urpose of Disbursement (Optional)	Aggregate Year-to-date	1200.00
Full name Newton Co, Affect	Date (Mo., Day, Year)	Amount of each disbursement this period
alling Addréss	02104109	\$ 195,00
ity, State, Zip Code  New Ivy M5 39345	09 131 09	\$ 250,00
urpose of Disbursement (Optional)	Aggregate 'fear-to-date	\$ 94 45,00
Vieta Co. A. PPIAI	Date (No., Day, Year)	Amount of each disbursement this period
Tailing Address  MAJN ST	0610909	\$ 225,00
City, State, Zip Code  Weigh MS 39345	10 106109	\$ 225,00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 895,00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Wast Am Mailing Address	02126109	\$ 500.00
City, State, Zip Code Forest, MS 39074	10 110 10	\$ 250.00
Purpose of Disbursement (Options)	Aggregate Year-to-date	\$ 750.00
E. Full name Admirat	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address  State St	08115109	\$ 200.00
City, State, Zip Code TACKSON, MS	09115109	.0
Purpose of Disbursement (Optional) ( L wt)	Aggregate Year-to-date	s
F. Full name Adus RA	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$ 1200.00
City, State, Zip Code  JACISM, MS,		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 600.00

Name of Candidate or Committee Terry Clarkon

Reporting period JAN D1, 2009 through Dcc 31,1009

## ITEMIZED DISBURSEMENTS

ITEMIZED DISBU	IVOL	1011-141	Amount	of each
•		Date (Nic., Day, Year)	disbursement	this period
Full name Newhy Looster Club		1_1_1_	\$ 20	0.00
alling Address		1_1_	\$	
ity, State, Zip Code Newh, 115.		Aggregate	\$ 1200	9.10
Purpose of Disbursement (Optional)		Date	Amoun	t of each nt this period
Full name Cettolan South		(NID., Day, Year)	21	
Mailing Address Hwy 80			5	
City, State, Zip Code Randon (1115)		Aggregate Year-to-date	S\$ 26	2.12
Purpose of Disbursement (Optional)  Olygonia Cell 34.	-	Date	Amou	nt of each ent this period
C. Full name		(lifo., Day, Year	\$	
Mailing Address		1 1	s	
City, State, Zip Code		Aggregate Year-to-date	s	
Purpose of Disbursement (Optional)		Date Mo., Day, Ye	Amo	unt of each ment this period
D. Full name		/ / /	S	
Mailing Address		<del>    -   -   -   -   -   -   -   -</del>	s	
City, State, Zip Code		Aggregate	s	
Purpose of Disbursement (Optional)		Year-to-da	Am	ount of each ement this period
E. Full name		(Mo., Day, Y	S	ement and porter
Mailing Address			s	
City, State, Zip Code		Aggrega	te S	
Purpose of Dishursement (Optional)		Year-to-d Date	ate A	mount of each
F. Full name		(Mo., Day,	Year) disbur	sement this perio
Mailing Address			s	
City, State, Zip Code		/ Aggreg	ate S	
Purpose of Disbursement (Optional)		Year-to-	date	5804